

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|--|--------------------------------|----------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>12-9-96</u> | | 2 Serial/Patent # <u>68/726024</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| <input checked="" type="checkbox"/> | Filing | | | \$ <u>150-</u> | | | | | | | |
| <input type="checkbox"/> | Amendment | | | \$ | | | | | | | |
| <input type="checkbox"/> | Extension of Time | | | \$ | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input type="checkbox"/> | Petition | | | \$ | | | | | | | |
| <input type="checkbox"/> | Issue | | | \$ | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| <input type="checkbox"/> | Maintenance | | | \$ | | | | | | | |
| <input type="checkbox"/> | Assignment | | | \$ | | | | | | | |
| <input type="checkbox"/> | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ <u>150-</u> | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| 10 REASON: | | <input type="checkbox"/> Treasury Check | | | | | | | | | |
| <input checked="" type="checkbox"/> Overpayment | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | | |
| <input type="checkbox"/> Duplicate Payment | | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">5</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> </tr> </table> | | | 0 | 6 | -- | 0 | 5 | 8 | 0 |
| 0 | 6 | -- | 0 | 5 | 8 | 0 | | | | | |
| <input type="checkbox"/> No Fee Due (Explanation): | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>E. R. Williams</u> | | | TITLE: <u>LINEP</u> | | | | | | | | |
| SIGNATURE: <u>E. R. Williams</u> | | | PHONE: _____ | | | | | | | | |
| OFFICE: _____ | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>Theresa Williams</u> | | | DATE: <u>December 12, 1996</u> | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: